

## HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

		TT TITLE OICEITY)		
PART I LOBBYIST				
NAME(Last)	(First)	(Middle)	TELEPHONE	
Matsunaga	Joe1	K	(808) 546–3877	
MAILING ADDRESS (Street)			FAX	
P.O. Box 2200				
(City)	(State)	(Zip	Code)	
Honolulu	Hawaii	968	96841	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE	
Hawaiian Telcom,	Inc.		(808) 546–3877	
MAILING ADDRESS (Street)			FAX	
P.O. Box 2200				
(City)	(State)	(Zip	Code)	
Honolulu	Hawaii	968	341	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LO	TELEPHONE		
Hawaiian Telcom Se	(808) 546–3877		
MAILING ADDRESS (Street)	FAX		
P.O. Box 2200			
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96841	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		STATEMENT TELEPHONE	
JoAnn C. Yosemori	(808) 546-3868		
MAILING ADDRESS (Street)	FAX		
P.O. Box 2200		(808) 546-8500	
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96841	

PART III DESCRIPTION	OF SUBJECTS UPON WHICH	YOU EXPECT TO LOBBY			
Agriculture	Education	Human Services	Science, Technology & Economic Development		
X Communications & Public Utilities	X Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation		
Consumer Protection & Commerce	Hawaiian Affairs	X Labor & Employment	Transportation		
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	X Other: (indicate below) Telecommunications		
X Ecology, Energy Environmental Protection	Housing	X Public Safety & Corrections			
PART IV CERTIFICATION	N OF LOBBYIST				
I hereby certify that the	information furnished above is	s, to the best of my knowledge, o	correct and complete.		
	1/23/06				
(Signature of Lobbyist) (Date)					
DADEN SURVINORIZATION	N TO LODDY				
PART V AUTHORIZATIO	N 10 LOBBA	TITLE OF AUTHORIZING OFFICER	OR DEDCON DEDDECENTED		
Michael S. Ruley		Chief Executive Office	r		
NAME OF ORGANIZATION (if app	olicable)	TEL	EPHONE		
Hawaiian Telcom Services Company, Inc.			808) 546-7844		
MAILING ADDRESS (Street)		FAX	(		
P.O. Box 2200					
(City)	(State)	(Zip Code)			
Honolulu	Hawaii	96841			
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.					
-M/1/06					
	1.1X 1/2 Va.	1707/	00		
(Signature of Au	thorizing Officer or Person Represer		Date)		